

Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
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EFS ID: 17258  
Application ID: 10064828  
Title of Invention: OMNIDIRECTIONAL MICROSCALE  
IMPACT SWITCH  
First Named Inventor: Charles Robinson  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-08-21  
Submission Type: Utility Patent Filing  
Filing Type: null  
Confirmation Number: 0  
Attorney Docket Number: 2002-016  
Digital Certificate Holder: cn=John Francis Moran, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
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Total Fees Authorized: \$740.0  
Payment Category: DA - Deposit Account  
Deposit Account Number: 192201  
Deposit Account Name: Kathryn E. Vander Sande

## TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent  
FilingAttorney Docket  
Number:2002-  
016OMNIDIRECTIONAL MICROSCALE  
IMPACT SWITCH

First Named Inventor: Mr. Charles H. Robinson

## SUBMITTED BY

Name:

Mr. John F. Moran

Registration Number:

26313

Electronic Signature Mark: John F.  
Moran

Date Signed: 20020821

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## Attached Files:

declaration

2002-016Declpg1.tif

declaration

2002-016Declpg2.tif

bibd-transmittal

2002016apds.xml

fee-transmittal

2002016fee.xml

specification  
patent-assignments

2002-016.xml  
2002016asgn.xml

**Attached Image File(s):**

2002-016Declpg1.tif

2002-016Declpg2.tif

Comments:

Docket No. 2002-016

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re.  
Application of:

Charles H. Robinson

And

Serial No.    Herewith                      Group Art Unit:    Unknown at Present  
Filed:        Herewith                      Examiner:           Unknown at Present  
FOR:    OMNIDIRECTIONAL MICROSCALE IMPACT SWITCH

Honorable Commissioner for Patents  
Washington, DC 20231

SIR:

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated  
below next to my name.

I believe I am the original, first and sole inventor (if only  
one name is listed below) or an original, first and joint  
inventor (if plural names are listed below) of the subject  
matter which is claimed and for which a patent is sought or the  
invention entitled:

OMNIDIRECTIONAL MICROSCALE IMPACT SWITCH

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents  
of the above identified specification, including the claims

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

N/A  
(Application Serial No.)

(Filing Date)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Michael C. Sachs, Reg. No. 29,262  
John F. Moran, Reg. No. 26,313  
Robert Charles Beam, Reg. No. 28,182

Send Correspondence to: U.S. Army TACOM-ARDEC  
ATTN: AMSTA-AR-GCL  
J. Moran/Building 3  
Picatinny Arsenal, NJ 07806-5000

Direct Telephone Calls to: U.S. Army TACOM-ARDEC  
ATTN: AMSTA-AR-GCL  
J. Moran/Building 3  
Picatinny Arsenal, NJ 07806-5000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

TYPED NAME AND UNITED STATES ADDRESS OF INVENTOR(S) - CITIZENSHIP

Charles H. Robinson  
12608 Atherton Dr.  
Silver Spring, MD 20906

Charles H. Robinson 26 July 02  
Signature/Date

USA

# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Large Entity

**TOTAL FEES AUTHORIZED: \$ 740**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

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Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

## SUBMITTED BY

Authorized Name: Kathryn E. Vander Sande

Electronic Signature Mark: 0826

Date Signed: 20020821

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 12	103	\$ 18	0	\$ 0
Independent Claims: 1	102	\$ 84	0	\$ 0

10064828, 0021002

Subtotal For Extra Claims Fees: \$ 0